

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

CLAUDE A. S. HAMRICK
OFFENHEIMER WOLFF & DONNELLY LLP
3373 HILLVIEW AVENUE, SUITE 200
PALO ALTO CA 94304

QM12/0327

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Cheryl Rogers
Cheryl Rogers
June 27, 2000

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/981,882	03/10/98	015	PARADISO, J	3713 03/27/00
First Named Applicant	ALCORN, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION ELECTRONIC CASINO GAMING SYSTEM WITH IMPROVED PLAY CAPACITY, AUTHENTICATION AND SECURITY

06/30/2000 CV0222 00000006 08981882

01 FC:142
02 FC:561

1210.00 OP

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	38184-0026US	463-029.000	K33	UTILITY	NOYES \$1,210.00 \$605.00	06/27/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Claude A.S. Hamrick
Oppenheimer W. Donnelly

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Silicon Gaming, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

PALO ALTO, CALIFORNIA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies

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4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Claude A.S. Hamrick
Reg No. 22,586

(Date)

6/27/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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MAR 31 2000

DOC. # 38184-26
PAID Issue Fee & Drawings 6/27/00
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